

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 10-JUL-2015		TIME 16:03:00		2 ADDRESS OF OCCURRENCE 10639 S COTTAGE GROVE AVE CHICAGO, IL 60628		3 LOCATION CODE 304		4 BEAT/OCCUR 0512	
MEMBER INVOLVED	5 POSITION 9171	6 LAST NAME ROBERTS	7 FIRST NAME JOHN E	8 STAR NO 2196	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE WHI	11 AGE [REDACTED]	12 HT 600	13 WT 170
	14 DATE OF APPT 26-MAR-1990	15 EMPLOYEE NO [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 193 6565		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No
SUBJECT INFORMATION	20 LAST NAME MCSWAIN		21 FIRST NAME EUGENE		22 M.I. [REDACTED]	23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE BLK	25 D.O.B. [REDACTED]	26 HT 506
	28 ADDRESS [REDACTED]		29 TELEPHONE NO. [REDACTED]		30 WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST		34 BY WHOM? DR. [REDACTED]		35 CONDITION <input checked="" type="checkbox"/> 03 Hospitalized		01 Apparently Normal 04 Not Hospitalized		02 Under Influence 05 Refused Medical Aid
	36 CHARGES PLACED 00000000		DNA		37 CB NO.		IR NO		DNA
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE
	SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) OTHER _____		FLED PULLED AWAY OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON OTHER _____
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS WRISTLOCK ARM BAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/AUTHORIZATION OTHER _____		OPEN HAND STRIKE TAKL DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Spark Displayed) OTHER _____		ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) OTHER _____		KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40)		FIREARM OTHER _____
	38 * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40 ADDITIONAL INFORMATION						
WEAPON DISCHARGE INCIDENT	POSITION		STAR NO		UNIT				
	41 WEAPON TYPE		04 SEMI-AUTO PISTOL		42 INCIDENT OCCURRED		43 LIGHTING CONDITIONS		44 WEATHER CONDITIONS
	01 REVOLVER		05 CHEMICAL WEAPON		Indoors <input checked="" type="checkbox"/> Outdoors		<input checked="" type="checkbox"/> 01 Daylight 02 Night 03 Dawn 05 Poor Artificial 06 Good Artificial		CLEAR
	02 RIFLE		06 TASER (Probe Discharge)		45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH
	03 SHOTGUN		07 OTHER						48 CALIBER/GAUGE
	49 TASER DART ID NO		50 WEAPON SERIAL No. (Include Letters)		51 CHICAGO GUN REG. NO.		52 IL FIREARM OWNER ID. NO		53 HANDGUN CERTIFICATE NO
	54 SPECIAL WEAPON CERTIFICATE NO.		55 PROPERTY INVENTORY NO.		56 TYPE OF AMMUNITION USED		57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58 TOTAL NO. OF SHOTS MEMBER FIRED
	59 WHO FIRED FIRST SHOT		03 OTHER (Specify)		60 WAS FIREARM RELOADED DURING INCIDENT		61 NO. OF CARTRIDGES/ SHOT SHELLS RLOADED		62 HOW WAS MEMBER'S HANDGUN WORN
	01 MEMBER 02 OFFENDER		01 YES 02 NO				01 RT SIDE (WAIST) 02 LT SIDE (WAIST)		03 OTHER (Specify)
	63 HOW WAS MEMBER'S HANDGUN DRAWN		03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65 DID MEMBER USE SIGHTS		1519111125 HY335302
01 STRONG SIDE DRAW 02 CROSS DRAW						01 YES 02 NO			
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED					
				01 0 - 05 FT 02 05 - 10 FT 03 10 - 15 FT 04 OVER 15 FT					
CASE INFO.	68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON				69 POSITION OF MEMBER DISCHARGING WEAPON				71 R.D. NO.
	01 PERSON 02 OBJECT 03 BOTH 04 UNKNOWN				01 STANDING 02 LYING DOWN 03 SITTING 04 KNEELING 05 OTHER (SPECIFY)				
SIGNATURES	73 REPORTING MEMBER (Print Name) ROBERTS, JOHN E				STAR/EMPLOYEE NO. 2196		SIGNATURE [REDACTED]		72
	10-JUL-2015 23:20:30								
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.								
	74 REVIEWING SUPERVISOR (Print Name) LOPEZ, JOSE L				STAR NO 809		SIGNATURE [REDACTED]		
							DATE REVIEWED 10-JUL-2015 23:21:37		

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER. 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	DNA	REFUSED	<input checked="" type="checkbox"/> INTERVIEW NOT CONDUCTED (Specify Reason)
Offender is hospitalized.			

76 LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this stage of the investigation, a preliminary determination has been made that Sergeants action were in compliance with department guidelines and directives

77 LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO 1076081 OBTAINED

78 LIEUTENANT OR ABOVE/OCIC (Print Name)

WALLER, FRED L

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

11-JUL-2015 00:55:44

79 TOTAL TRKs THIS EVENT No

3

Log 10 76081
U#15-10 A# 26